.S. No. 300
EV. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28457

FILED SEP 10 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: Jasper 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2602 Virginia

2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 0495
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 2602 Virginia

3. NAME OF DECEASED (Type or Print)
a. (First): Forest
b. (Middle): Franklin
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 8-25-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 12, 1886
9. AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (City and State or Foreign Country): Mediec, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Irvin Johnson
13b. MOTHER'S MAIDEN NAME: Nettie Gable
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-01-4304
17. INFORMANT'S SIGNATURE OR NAME: Mrs E. H. Grant
ADDRESS: Joplin, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): (Found dead at home)

II. OTHER SIGNIFICANT CONDITIONS . . .
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* (Did not attend), 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Westerner Coroner Jasper County Mo
23b. ADDRESS: Joplin Nat'l Bank Bldg
23c. DATE SIGNED: 8/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-1952
24c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Park
24d. LOCATION (City, town, or county) (State): Joplin, Mo

DATE REC'D BY LOCAL REG.: 8-30-52
REGISTRAR'S SIGNATURE: Ed S. James (138) by Odetta Lamkins
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort.
ADDRESS: Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-9-52
Jasper County Health Office
County File Number 52/9/702
Date Filed 9-9-52

MAR 4 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.